

## Developing Village Health Leaders

IND-ENA-DVH-P03



Uttarakhand, Northern India



Education

Total Budget \$66,000

Project Timeline

FULLY FUNDED

JUL 18

JUN 22



### Overview

Our implementing partners have been training 30 to 40 community leaders each year since 2011. These lay-leaders live amongst the poor in remote villages and provide basic healthcare within their communities once trained. In years 3 and 4, this project aimed to increase the level of support to those with disabilities in these disadvantaged, remote populations. A training curriculum was developed specific to the needs of disability care, educating lay-leaders with knowledge, skills and attitudes to serve those with a disability in their local villages and schools with rehabilitation services, empowerment activities, health promotion and basic health care.

### Objectives

### Impact



A world class curriculum and program

Our partners worked closely with Indian counterparts to develop a competency based approach, foreign to the Indian education system, that equips community workers to help, include and value people with disabilities.



Community Based Inclusive Development Course

Topics include but not limited to Conducting a Survey, Screening for Disabilities, Individualised Family Service Plans, Participatory Rural Appraisals, Goal Setting & Reformulation, Goal Attainment Scales and Task analysis.



Accreditation of Disability volunteers

The course was implemented in conjunction with the Indian Government and the Rehabilitation Council of India. Our partner's three centres have trained 89 community workers and the government has trained another 520 in their centres.



Yearly Refresher Courses

Refresher courses were run periodically to improve skills, clarify and update linkages and referral pathways, update graduates on services available in hospitals and receive feedback from trainees about how they are using the course.



### Life change

- Trainees have become more confident and passionate about their roles since undertaking the 6-month course. One trainee remarked "it is changing us too"!
- The field based learning has opened doors and built relationships with villagers, the government, families and people living with disabilities.
- Remote villagers are now provided with access to disability care and accorded dignity and respect. This leads to an improved quality of life.



### Anita's Story

I had been doing social work in my community for many years but I could not provide any tangible services due to a lack of training opportunities. I joined the training course to acquire skills to reach out to the marginalised. I learned about how to form and maintain relationships with families of people with disabilities, identify the needs of caregivers and other family members of persons with a disability, travel safely to and from the field, and the roles and limits of a CBID (Community Based Inclusive Development) worker. I am now a 'change' agent for my community and have a newfound confidence and independence.

### National Minister for Social Justice & Empowerment launches the course



### Pushpa's Story

My training gave me the skills I need to identify and meet the individual requirements of children with disabilities. With the knowledge I have gained, I am now able to work independently with the children and have clarity on the processes required for assessment and intervention. The classes on networking and referrals gave me information about organisations with specific rehabilitation services in the city. This has helped me refer children with specific needs to the right places. The assignments on assessing needs in the community through focus group discussions, awareness campaigns, and visiting local government bodies to collect secondary data that I did in my village increased the level of awareness of disability in my community.

